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SERIAL NUMBER 10/613,663	FILING DATE 07/02/2003  RULE	CLASS 180	GROUP ART UNIT 3616	ATTORNEY DOCKET NO. 6993-69 (180269)
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None *FMF*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None *FMF*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/29/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>FMF</i> Initials <i>FMF</i>	PA	6	16	2

## ADDRESS

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 19103-6996

## TITLE

Rear wheel drive power wheelchair

FILING FEE

RECEIVED  
750

FEES: Authority has been given in Paper  
 No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
 No. \_\_\_\_\_ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
<input type="checkbox"/> 1.18 Fees ( Issue )
<input type="checkbox"/> Other _____